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MONTHLY REPORT

ON

THE PROGRESS OF THERAPEUTICS.

Edited for the Edinburgh Medical Journal.

No. XIX.—April 1876.

BY

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Licentiate of the Royal College of Surgeons of Edinburgh; Lecturer on Medical Chemistry in the Ledwich School of Medicine, Dublin; Corresponding Member of the Therapeutical Society of Paris; Hon. Member of the Ontario and Chicago Colleges of Pharmacy, etc.; Librarian to the Royal College of Surgeons in Ireland.

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MONTHLY
REPORT ON THE PROGRESS OF THERAPEUTICS.

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From the Edinburgh Medical Journal for April 1876.

Bromhydrate of Quinine.—Gubler arrives at the following conclusions relative to the therapeutic effects of bromhydrate of quinine. It is more soluble and richer in alkaloid than the sulphate. It possesses the physiological properties of the salts of quinine generally, and probably also the therapeutical virtues of its officinal congener. It differs in action from the sulphate, not only by inducing less quinine intoxication, but also by producing a marked tendency to nervous sedation and hypnotism. It is especially indicated in the treatment of congestive and febrile affections of the nervous system; neuralgia, neuritis, irritative neuroses, encephalic hyperæmia, etc. It has manifested remarkable power in cases of obstinate vomiting, and has been of service in cases ordinarily amenable to the sulphate, as in visceral and articular fluxions of diathetic, rheumatic, or gouty origin, symptomatic fevers, etc. It is given in quantities of from six to fifteen grains per diem, in doses of three grains in the pilular form, or hypodermically injected. In no case has the hypodermic injection been followed by any inflammation. The complete innocuity of the bromhydrate of quinine, and its greater solubility, render it immeasurably superior to the sulphate for hypodermic administration.—*Jl. de Thérapeutique*, 10th July and 10th September 1875.

Copaiba.—Dr S. Wilks first suggested the use of copaiba as a diuretic. He has a paper in the *British Medical Journal*, 25th December 1875, in which he states that his further experience of it has confirmed his early opinion of its great value. The following formula is used in Guy's Hospital:—Copaibæ resinæ, ʒi.; spt. rect. ʒi. ss.; chloroformi, ʒi.; syrupi zingib., ℥ss.; mucilag. acaciæ, ℥i.; aquæ ad ℥vi. A sixth part of this is given thrice daily. This mixture is not nauseous, and has scarcely an odour of copaiba. Its action is almost immediate, the first or second dose displaying the diuretic effect. In bronchitis it is probably the oil which acts beneficially, while in gonorrhœa the diuretic properties of the resin and the specific properties of the oil are both advantageous, and hence the ordinary balsam should be employed.

In the *Practitioner* for February 1875, Dr E. L. Dixon records three cases of dropsy in which great benefit was produced by the administration of copaiba. The drug seemed to act by increasing the amount of urinary water, for the specific gravity fell as the amount of water increased. Two or three of Durant's capsules, each containing from five to ten minims, were usually given night and morning. Dr A. R. Hall, of the Army Medical Department, has a paper in the *Practitioner* for April 1875, on the therapeutic value of balsam of copaiba. He recommends it in iritis, sclerotitis, and as a topical application in purulent ophthalmia. He contends that the advantages which apparently follow its use in almost all cases of inflammation of the eye are not generally recognised. In threatened mammary abscess, he suggests the local application of copaiba, and he records a case illustrative of its efficacy in this affection. In the order urinæ of gonorrhœa, in bronchitis, and in chronic cystitis, when the urine contains much mucus, copaiba is of great service. Dr Hall thinks that the balsams act beneficially in inflammation, partly by their effects on the venous system and partly by their actual presence in the bloodvessels, stirring up the capillary circulation when congestion has commenced, and preventing the formation of points of stagnation or centres of suppuration.

Dr F. J. Brown states, that balsam of copaiba, with equal parts of castor-oil and glycerine of carbolic acid, forms an excellent application to callous ulcers.—*Practitioner*, April 1875.

Digitalis.—(*a.*) *Diuretic Action.*—Drs Brunton and Power show that the diuretic action of digitalis is not due to its power of increasing the blood-pressure in the arterial system. They assume that digitalis stimulates the vaso-motor nerves generally, but affects those of the kidney most powerfully. It thus causes excessive contraction of the renal vessels so as to stop the circulation and arrest the secretion of urine. As the action of the drug passes off, the vessels relax, and the renal arteries dilate more quickly and to a greater extent than the others. It is possible also that alterations in secretion may be partly due to the direct action of the drug on the secreting elements of the kidneys.—*Proc. Royal Soc.*, xxii. p. 420.

(*b.*) *In Typhoid Fever.*—Mr W. Murrell, in the *Practitioner* for November 1875, relates particulars of a case of typhoid fever which suddenly terminated fatally during its treatment by digitalis. The practical lesson to be learned from this case is, that although by means of digitalis we may rescue a patient from the deleterious influence of an excessive rise of temperature, yet that its use is not unattended with danger, and that during its exhibition death may occur suddenly and unexpectedly, and without a single note of warning. Mr Murrell reviews the various opinions held as to the mode of action of the drug.

(*c.*) *In Maniacal Excitement.*—In the *Jl. of Mental Science* for

January 1876 allusion is made to Dr Bigot's researches relative to the action of small doses of digitalis in maniacal excitement, chiefly of epileptics. Ten-minim doses of the tincture were given twice daily. In many of the cases the treatment was eminently successful.—*Annales Médico-Psychologiques.*

PICROTOXINE.—M. Gubler lately tried picrotoxine in a case of labio-glosso-pharyngeal paralysis. A subcutaneous injection of $\frac{1}{70}$th grain in solution was administered. After the administration of the drug deglutition could be accomplished, and the patient was enabled to pronounce words distinctly. The latter improvement was, however, not permanent. The injections, although not painful, caused induration of the cellular tissue.—*Bull. de Thérapeutique*, 30th Nov. 1875.

Povergo has shown that the action of picrotoxine and strychnine on the inhibitory centre of the cord are similar.—*Schmidt's Jahrb.*, clviii. p. 130.

M. Dujardin-Beaumetz has tried picrotoxine in epilepsy. Commencing with less than a milligramme per diem, he ultimately attained to three milligrammes daily. A prompt amelioration took place in the symptoms, and the fits ultimately disappeared altogether.—*Gazette Méd. de Paris*, No. 51, 1875.

MORPHIA.—(*a.*) *Subcutaneous Injection.*—Alling recommends the following formula:—Hydrochlorate of morphia, one decigramme; distilled water, four grammes; cherry-laurel water, one gramme.—*Alger. Medicale*, No. 24.

(*b.*) *As a Palliative in Chronic Bright's Disease.*—In the *Practitioner* for October 1875, Dr R. Park gives details of a case of chronic Bright's disease, in which he employed morphia subcutaneously as a palliative with considerable benefit. Dr Potter has also treated a case of uræmia successfully with morphia injections (*Boston Medical and Surgical Journal*, 27th May 1875). Dr Loomis, in his recent work on Diseases of the Respiratory Organs, Heart, and Kidneys, advocates a similar treatment.

(*c.*) *In Spasmodic Asthma.*—Dr J. Keith Anderson records that on twelve occasions in which he employed subcutaneous injections of morphia in spasmodic asthma, the result has been a complete and perfect relief from the embarrassment of the respiration. The dose he used in all cases was one-sixth grain of the hydrochlorate in a strong solution. In no case was there a tendency to the recurrence of the breathlessness after the first effects of the morphia had passed off.—*Practitioner*, November 1875.

(*d.*) *In Obstinate Constipation.*—In the *Practitioner* for February 1876, Dr W. M'G. Burns has a brief communication on the value of subcutaneous injections of morphia, not only in spasmodic asthma, but also in obstinate constipation. In the latter cases, after failure of every form of purgatives and enemata, an injection of morphia over the region of the stomach caused the vomiting to cease,

gave rest, and enabled the stomach to receive and retain ordinary purgatives, so as to bring about the desired relief.

(*e.*) *Herpes Zoster.*—Dr Gine treated a case of herpes zoster by subcutaneous injection of one-third grain of morphia in fifteen minims of water. Immediate relief and rapid resolution of the inflammation followed, and in four or five days no remains of the affection were present.—*La France Med.*, No. 99.

(*f.*) *Tests for Morphia.*—M. A. Huseman suggests as a very delicate test for morphia chlorate of potash, or other chlorating substances, together with sulphuric acid. A bright blue or violet colour is at first developed, which gradually becomes blood-red, and then fades.—*Jl. de Pharm. et de Chemie,* June 1875.

H. S. Welcome recommends the following reagent as a test for morphia. Two ounces of fresh chlorinated lime are added to a pint of water, and after being left to stand for a few hours the clear solution is decanted off. This gives a bright red colour, if morphia be present in the proportion of one grain in 1000, and an orange tint if in the proportion of 1 in 5000. The solution of morphia should be neutral or alkaline; excess of chlorine must be avoided, and no substance should be present which will give a red colour with alkalies.—*Amer. Ph. Jl.*, vol. ii. p. 305.

Opium and Belladonna.—Dr J. D. Heaton places on record a case of opium-poisoning, which was successfully treated by belladonna. The patient, a man aged about 28, had taken two ounces of laudanum. A sixtieth of a grain of atropine was administered hypodermically, and the dose was repeated in a quarter of an hour. After the second dose the pupils began to relax, the pulse acquired more volume, and the patient soon showed signs of returning consciousness. The injections of atropine were continued at intervals until five doses of $\frac{1}{60}$th grain had been administered altogether. The patient recovered perfectly. Dr Heaton contends that a dose of belladonna, whose effects would terminate in causing delirium, would be corrective of the stupor of opium-poisoning; but a larger dose of belladonna developing stupor by its own action, would aggravate the stupor of opium. As to the converse question of the antidotal power of opium in poisoning by belladonna, Dr Heaton assumes that when belladonna has caused stupor, opium would intensify the stupor; but that opium in small doses might quiet the delirium of belladonna which did tend to pass into the condition of stupor. With regard to the therapeutic effect of a combination of opium and belladonna, Dr Heaton thinks that we can thus secure a more decided relief of pain whilst the stupifying effect of opium on the brain is corrected by belladonna.—*Medical Times and Gazette,* 17th April 1875.

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